

MDR Tracking Number: M5-04-2225-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 02-26-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises, gait training, neuromuscular re-education, data analysis, and educational supplies from 10/27/03 through 11/26/03 **were found** to be medically necessary. The therapeutic exercises, gait training, neuromuscular re-education, data analysis, and educational supplies from 12/1/03 through 12/04/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 23rd day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 10/27/03 through 11/26/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 23rd day of June 2004.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

DRM/rlc

May 26, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

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___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. The patient reported that while at work as a truck driver, his truck rolled over several times secondary to high winds and weather condition. X-Rays of the cervical/lumbar spine performed on 9/24/03 indicated normal views with postural alterations as noted, and age appropriate degenerative changes. The patient underwent a MRI of the cervical and lumbar spine that indicated a desiccation of the L1-2 intervertebral disc, and annular 2mm bulge of the C4-5 intervertebral disc, degeneration of the C4-5 intervertebral disc, annular 2mm bulge of the C5-6 intervertebral disc, right C5 neural canal stenosis from uncinate process hypertrophy, and degeneration of the C5-6 intervertebral disc. An EMG/NCV performed on 1/14/04 indicated 1+ fibrillation in left L5 and right L4 paraspinal rami. The diagnoses for this patient have included cervical/lumbar sprain/strain, paracervical/paralumbar musculature myospasm, cervical spine/lumbar spine radiculopathy, degenerative disc disease of cervical spine and headaches. The patient has been treated with physical therapy, gait training, therapeutic exercises, and neuromuscular reeducation.

Requested Services

Gait training, therapeutic exercises, neuromuscular reeducation, computer data analysis, educational supplies from 10/27/03 through 12/4/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Progress Note 1/8/04, 10/10/03
2. SOAP notes 9/24/03 – 12/5/03

3. EMG report 1/14/04
4. MRI report 11/6/03
5. X-Rays report of the cervical/lumbar 9/24/03

Documents Submitted by Respondent:

1. No Documents Submitted

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his cervical and lumbar spine on ___. The ___ chiropractor reviewer also noted that the diagnoses for this patient have included cervical/lumbar sprain/strain, paracervical/paralumbar musculature myospasm, cervical spine/lumbar spine radiculopathy, degenerative disc disease of cervical spine and headaches. The ___ chiropractor reviewer further noted that treatment for this patient's condition has included physical therapy, gait training, therapeutic exercises, and neuromuscular reeducation. The ___ chiropractor reviewer explained that the patient was evaluated on 11/26/03 and found to be at maximum medical improvement with a 10% whole person impairment. The ___ chiropractor reviewer also explained that after 11/26/03 further care would not make an appreciable difference in this patient's condition. Therefore, the ___ chiropractor consultant concluded that the gait training, therapeutic exercises, neuromuscular reeducation, computer data analysis, and educational supplies from 10/27/03 through 11/26/03 were medically necessary to treat this patient's condition. However, the ___ chiropractor consultant further concluded that the Gait training, therapeutic exercises, neuromuscular reeducation, computer data analysis, educational supplies from 12/1/03 through 12/4/03 were not medically necessary to treat this patient's condition.

Sincerely,